

APPLICATION FOR A FOURTEEN (14) DAY TRADING ACCOUNT



TRADING NAME OF BUSINESS : _____

ABN : _____ REGISTERED FOR GST : YES / NO

ACN : _____

REGISTERED NAME OF COMPANY: _____

REGISTERED ADDRESS OF COMPANY : _____

POSTAL ADDRESS : _____

BUSINESS PHONE : _____ BUSINESS MOBILE : _____

BUSINESS FAX : _____ EMAIL : _____

DATE BUSINESS COMMENCED: _____

ACCOUNTS CONTACT NAME : _____

PARTENERSHIP / COMPANY / SOLE TRADER (Circle whichever applies)

NAMES AND ADDRESSES OF PARTNERS / DIRECTORS / OWNER

TO BE COMPLETED BY ALL DIRECTORS AND THEIR SPOUSES WHERE APPLICANT IS AN INCORPORATED COMPANY, SPOUSES OF PARTNERS AND SOLE TRADERS ARE ALSO TO SIGN.

FULL NAME

ADDRESS

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

www.renderone.com.au

Tel: 07 4035 6886 Fax: 07 4035 6220
E-mail: accounts@renderone.com.au

Shed 1-14 Toohy Street
Portsmith Cairns Queensland 4870

PO BOX 889
Bungalow Cairns Queensland 4870

APPLICATION FOR A FOURTEEN (14) DAY TRADING ACCOUNT



REFERENCES: (Please provide names and contact numbers)

1. _____

Phone : _____ Fax : _____ Email : _____

2. _____

Phone : _____ Fax : _____ Email : _____

3. _____

Phone : _____ Fax : _____ Email : _____

TOTAL CREDIT REQUIRED : \$ _____

AVERAGE MONTHLY PURCHASES: \$ _____

NAME OF BANK : _____

BRANCH : _____ **ACCOUNT NUMBER :** _____

TERMS AND CONDITIONS

1. Terms are strictly Nett 14 days from the date of the invoice.
2. Goods shall be at the Applicants risk from the date of delivery.
3. Goods will remain the property of Render One Australia Pty Ltd until paid in full.
4. Payments made by Credit Card other than American Express will attract a 1% fee, calculated on amount paid.
5. Payments made by American Express will attract a 2.2% fee, calculated on amount paid
6. Claims arising from invoices must be made within seven (7) working days.
7. I/We agree that should any default on the credit terms arise, a finance fee for any cost incurred will be charged for payment recovery.
8. I/We agree to any legal costs incurred by you on a Solicitor and own client basis in the recovery of any monies due by me/us shall be recoverable in full from me/us.
9. Render One Australia Pty Ltd retains the right to suspend further supply of goods on credit if the established credit facility is exceeded, or if the account becomes overdue in accordance with our terms.
10. Interest at the rate of 10% (per annum) will be charged on any amount, which exceeds our credit terms. Note interest will be charged from the due date.
11. I/We the undersigned declare that the information provided by me/us in support of this application is true and correct in every particular.

www.renderone.com.au

Tel: 07 4035 6886 Fax: 07 4035 6220
E-mail: accounts@renderone.com.au

Shed 1-14 Toohy Street
Portsmith Cairns Queensland 4870

PO BOX 889
Bungalow Cairns Queensland 4870

APPLICATION FOR A FOURTEEN (14) DAY TRADING ACCOUNT



IN ACCORDANCE WITH THE PRIVACY ACT, I/WE AUTHORISE YOU TO –

1. Obtain a credit report containing personal credit information about me/us in accordance with section 18N(1) (b) of the Privacy Act, to give to or obtain from other credit providers any record that has a bearing on my credit worthiness, credit standing, credit history or credit capacity for the purpose of the management of a credit account with Render One Australia Pty Ltd.
2. To obtain information about my/our commercial activities or credit worthiness for the purpose of assessing this credit application.

GUARANTEE :

In consideration of Render One Australia Pty Ltd granting to the Applicant an account as above and on the terms and conditions set out above at the request of us, being Directors/Partners/Owners of the Applicant, we do hereby jointly and severally unconditionally declare that this Guarantee shall be at liberty to regard us in all respects as principal debtors

In WITNESS WHERE OF the said Directors/Partners/Owners have here unto executed this application

On this _____ day of _____ 20 ____

SIGNED BY _____ (Print full name in block letters) _____

WITNESS _____ (Print full name in block letters) _____

SIGNED BY _____ (Print full name in block letters) _____

WITNESS _____ (Print full name in block letters) _____

www.renderone.com.au

Tel: 07 4035 6886 Fax: 07 4035 6220
E-mail: accounts@renderone.com.au

Shed 1-14 Toohy Street
Portsmith Cairns Queensland 4870

PO BOX 889
Bungalow Cairns Queensland 4870